

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-29  
ANNUAL REVISIONS - SCHOOL DISTRICTS

OCTOBER 24, 2006

Government Code (GC) section 17561 provides for the reimbursement of state mandated costs. Enclosed is information for updating the Mandated Cost Manual for Schools. The manual contains all forms and instructions that are necessary for school districts to file 2005-06 fiscal year annual claims with the State Controller's Office (SCO).

Estimated claims for costs to be incurred during the 2006-07 fiscal year and reimbursement claims detailing the costs actually incurred in the 2005-06 fiscal year must be filed with the SCO. **Claims must be delivered or postmarked on or before January 16, 2007.** If the reimbursement claim is filed after the deadline, but by January 15, 2008, the approved claim will be reduced by a late penalty of 10% for initially filed claims and for continuing programs, the late fee is 10% not to exceed \$1,000. In order for a claim to be considered properly filed, the claim must include supporting documentation as specified in the instructions to substantiate the costs claimed. In addition, the claimant must explain the functions performed by each employee for whom costs were claimed. Claims will not be accepted if filed more than one year after the deadline or without supporting documentation.

Amounts appropriated for payment of program costs are shown beginning on page five under "Appropriations for the 2006-07 Fiscal Year." The fiscal years for which costs can be claimed for a mandated cost program are shown beginning on page six under "Reimbursable State Mandated Cost Programs." To prepare 2006-07 estimated claims and 2005-06 reimbursement claims, forms in the manual should be duplicated to meet the district's filing requirements. Claim amounts should be rounded to the nearest dollar.

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
Other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

## **MINIMUM CLAIM COST**

GC section 17564(a) provides that no claim shall be filed pursuant to sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds \$1,000, even if the individual school district's claim does not each exceed \$1,000. The county superintendent of schools shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. Combined claims may be filed only when the county superintendent of schools is the fiscal agent for the school districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least 180 days prior to the deadline for filing the claim.

## **ESTIMATED CLAIMS**

Unless otherwise specified in the claiming instructions, claimants do not have to provide cost schedules and supporting documents with the estimated claim if the estimated amount does not exceed the prior fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the prior fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified in the claiming instructions for the program and explain the reason for the increased costs. If the explanation to support the higher estimate is not provided, the claim will automatically be adjusted to 110% of the prior fiscal year's actual costs.

## **PROGRAM UPDATES FOR 2005-06 FISCAL YEAR**

### **Updates of Rates and Factors**

The following rates are to be used for filing 2005-06 reimbursement claims. These rates are computed by adjusting the 2004-05 rates by changes in the Implicit Price Deflator (IPD) as determined by the State Department of Finance's Report of August 30, 2006, *National Deflators, State and Local Purchases*. The estimated change in the IPD for 2005-06 is 6%. For preparing the 2006-07 estimated claims, districts may use the program's 2005-06 rate or increase the 2005-06 rate by the estimated 2006-07 IPD change of 3.7% to determine 2006-07 estimated claim amounts. In the subsequent fiscal year, the estimated amount must be adjusted to actual cost.

- *Ch. 448/75, Consolidation of Annual Parent Notification/Schoolsite Discipline Rules/Alternative Schools/Pupil Suspensions: Parent Classroom Visits (Program No. 272).*

The 2005-06 unit rate is \$0.0741 per page of printed notification material distributed to parents and guardians, and \$0.2947 per notice.

- *Ch. 961/75, Collective Bargaining (Program No. 11)*

The 2005-06 GNP Deflator factor for adjusting the 1974-75 Winton Act cost is \$3.879.

- *Ch. 498/83, Graduation Requirements (Program No. 26)*

The 2005-06 maximum reimbursement hourly rate for contract services is \$132.85. Staffing cost

reimbursement is limited to salary and other remuneration differentials, if any, of a science teacher, and the cost of lab assistants or special training aids required by a science class. The addition of science classes should have resulted in offsetting savings due to a corresponding reduction of non-science classes.

- *Ch. 1177/76, Immunization Records (Program No. 32)*

The 2005-06 unit rate is \$6.15 per new entrant (K-12). A new entrant does not include a student previously enrolled in a school within the State of California.

Payment of the cost of immunization records for 1992-93 and subsequent fiscal years are made pursuant to the State Mandates Apportionment System (SMAS) to those school districts with an established base year entitlement. An entitlement amount is determined by the SCO by averaging the district's actual costs (from reimbursement claims filed) for 1989-90, 1990-91, and 1991-92, or any three consecutive fiscal years thereafter, adjusted by changes in the IPD. The amount of apportionment the district receives for 1992-93 and subsequent fiscal years is the base year entitlement amount adjusted by annual changes in IPD and workload. "Workload" means change in the district's average daily attendance from the previous fiscal year.

Once the district has filed actual costs for 1989-90 through 1991-92, or any three consecutive fiscal years thereafter, no further filing of claims is necessary. The claimant will automatically receive an annual payment by November 30 of each fiscal year. A district without an established entitlement amount must continue to file reimbursement claims until three consecutive fiscal years of costs are available to compute a base year cost.

- *Ch. 325/78, Immunization Records: Hepatitis B (Program No. 230)*

The 2005-06 unit rate is \$7.50 per new entrant (K-12). A new entrant does not include a student previously enrolled in a school within the State of California. And \$3.93 per student in the seventh grade.

- *Ch. 1423/84, Juvenile Court Notices II (Program No. 155)*

The 2005-06 unit rates for the number of notices received from the juvenile court system and distributed to school district personnel is \$43.41 per notice received, and the number of written requests received from parents or guardian to review the record to ensure the record has been destroyed is \$30.86 per letter received.

- *Ch. 498/83, Notification of Truancy (Program No. 48)*

The 2005-06 unit cost reimbursement is \$15.54 per initial truancy notification. The unit cost covers all costs (direct and indirect), including, but not limited to, identifying the truant pupil, preparing and distributing by mail or other methods of notification to parents/guardians, and associated record keeping.

- *Ch. 668/78, Pupil Exclusions (Program No. 165)*

The 2005-06 unit cost reimbursement is \$0.22 per page for the cost of including specific information in the notice of pupil exclusion to the parents or guardian. The unit cost rate covers all costs (direct and indirect) of performing activities required by subparagraph (2), (3), and (4), of Education Code Section 48213.

- Ch. 1347/80, Scoliosis Screening (Program No. 58)

The 2005-06 unit cost rate is \$7.37 per student screened. This rate covers all costs (direct and indirect), incurred including activities for, but not limited to, parent notification, screening, re-screening, referral and follow-up, record keeping, and administration of the program.

- *Ch. 818/91, Aids Prevention Instruction II (Program No. 250)*

The 2005-06 uniform cost allowance is \$0.0743 per notice. This uniform allowance covers all of the direct and indirect costs incurred in compliance with this mandate.

- *Ch. 1208/76, Pupil Health Screenings (Program 261)*

The 2005-06 uniform cost allowance for: (a) Notification to Parents is \$0.0724; (b) Obtaining Parental Compliance is \$4.7304; (c) Exclusion of Pupils is \$12.44; (d) Statistical Reporting is not applicable since the reimbursement period expired 12/31/04.

- *Ch. 1136/93, Brown Act Reform (Schools) (Program 218)*

The 2005-06 uniform cost allowance is \$135.66 for the period **July 1, 2005, to July 18, 2005**, only because the order to set aside this program is effective July 19, 2005.

#### **FINAL FILING DEADLINE FOR 2005-06 FISCAL YEAR CLAIMS**

The final filing deadline for 2005-06 reimbursement claims is **January 16, 2007**. A late penalty of 10% of the approved claim will be applied to 2005-06 claims filed after January 16, 2007. **Claims filed after January 15, 2008, will not be accepted.**

## APPROPRIATIONS FOR THE 2006-07 FISCAL YEAR

### Item 6110-295-0001

272	(1) Ch.	36/77	Annual Parent Notification	\$1,000
172	(2) Ch.	98/94	Caregiver Affidavits	1,000
153	(3) Ch.	161/93	Intradistrict Attendance	1,000
42	(4) Ch.	486/75	Mandate Reimbursement Process	1,000 <sup>1</sup>
26	(5) Ch.	498/83	Graduation Requirements	1,000
48	(6) Ch.	498/83	Notification of Truancy	1,000
176	(7) Ch.	498/83	Pupil Suspensions, Expulsions/Expulsion Appeals	1,000
249	(8) Ch.	781/92	Charter Schools	1,000
N/A	(9) Ch.	799/80	PERS Death Benefits	1,000 <sup>2</sup>
250	(10) Ch.	818/91	AIDS Prevention Instruction I and II	1,000
11	(11) Ch.	961/75	Collective Bargaining	1,000
139	(12) Ch.	1208/76	Pupil Health Screenings	1,000
173	(13) Ch.	975/95	Physical Performance Tests	1,000
155	(14) Ch.	1011/84	Juvenile Court Notices II	1,000
57	(15) Ch.	1107/84	Removal of Chemicals	1,000
157	(16) Ch.	1117/89	Law Enforcement Agency Notifications	1,000
32	(17) Ch.	1176/77	Immunization Records	1,000
166	(18) Ch.	1184/75	Habitual Truants	1,000
91	(19) Ch.	1253/75	Pupil Expulsion Transcripts	1,000
150	(20) Ch.	1306/89	Notification to Teachers of Public Expulsion	1,000
58	(21) Ch.	1347/80	Scoliosis Screening	1,000
N/A	(22) Ch.	1398/74	PERS Unused Sick Leave Credit	1,000 <sup>2</sup>
182	(23) Ch.	309/95	Pupil Residency Verification and Appeals	1,000
183	(24) Ch.	588/97	Criminal Background Checks	1,000
184	(25) Ch.	624/92	School Bus Safety I and II	0 <sup>3</sup>
186	(26) Ch.	465/76	Peace Officers Procedural Bill of Rights	1,000
192	(27) Ch.	36/77	Financial and Compliance Audits	1,000
195	(28) Ch.	640/97	Physical Education Reports	1,000
198	(29) Ch.	1120/96	Health Benefits for Survivors of Peace Officers & Firefighters	1,000
209	(30) Ch.	917/87	County Office of Education Fiscal Accountability Reporting	1,000
258	(31) Ch.	100/81	School District Fiscal Accountability Reporting	1,000
194	(32) Ch.	126/93	Law Enforcement Sexual Harassment Training	0 <sup>3</sup>
207	(33) Ch.	784/95	County Treasury Withdrawals	0 <sup>3</sup>
223	(34) Ch.	736/97	Comprehensive School Safety Plans	1,000
230	(35) Ch.	325/78	Immunization Records-Hepatitis B	1,000
228	(36) Ch.	1192/80	School District Reorganization	1,000
249	(37) Ch.	34/98	Charter Schools II	1,000
251	(38) Ch.	594/98	Criminal Background Checks II	1,000
226	(39) Ch.	1170/96	Grand Jury Proceedings	0 <sup>3</sup>
244	(40) Ch.	100/81	Pupil Promotion and Retention	1,000

<sup>1</sup> This program was suspended per Budget Act Item 8885-295-001, Sch. (3)(y) for the 2006-07 fiscal year.

<sup>2</sup> Numbers (9) and (22) are for transfer to the Public Employees' Retirement Fund for reimbursement of costs incurred pursuant to 799/80 or 1398/74.

<sup>3</sup> These programs have been suspended for the 2005-06 and 2006-07 fiscal years.

**Item 6110-295-0001 (Cont'd.)**

252 (41) Ch.	331/98	Teacher Incentive Program	1,000
253 (42) Ch.	30/98	Differential Pay and Reemployment	1,000
<b>Total Appropriations, Item 6110-295-0001</b>			<b>\$38,000</b>

**REIMBURSABLE STATE MANDATED COST PROGRAMS**

Claims for the following State mandated cost programs may be filed with the SCO. For your convenience, the programs are listed in alphabetical order by program name. An "X" indicates the fiscal year for which a claim may be filed.

<b>2005-06 Reimburse- ment Claims</b>	<b>2006-07 Estimated Claims</b>	<b>Pgm #</b>	<b>School Districts and County Offices of Education</b>
x	x	170 Ch. 77/78	Absentee Ballots
x	x	250 Ch. 818/91	AIDS Prevention Instruction II
x	x	272 Ch. 36/77	Annual Parent Notification III
x	x	172 Ch. 98/94	Caregiver Affidavits
x	x	249 Ch. 34/98	Charter Schools
x	x	209 Ch. 917/87	COE Fiscal Accountability Reporting
x	x	11 Ch. 961/75	Collective Bargaining
x	x	223 Ch. 736/97	Comprehensive School Safety Plans
x	x	183 Ch. 588/97	Criminal Background Checks I
x	x	251 Ch. 594/98	Criminal Background Checks II
x	x	253 Ch. 30/98	Differential Pay and Reemployment
x	x	210 Ch. 650/94	Employee Benefits Disclosure
x	x	91 Ch. 1253/75	Expulsion Transcripts
x	x	192 Ch. 36/77	Financial and Compliance Audits
x	x	26 Ch. 498/83	Graduation Requirements
x	x	166 Ch. 1184/75	Habitual Truant
x	x	198 Ch. 1120/96	Health Benefits for Survivors of Peace Officers & Firefighters
x <sup>1</sup>	x <sup>1</sup>	268 Ch. 1/99	High School Exit Exam
x	x	32 Ch. 1176/77	Immunization Records
x	x	230 Ch. 325/78	Immunization Records: Hepatitis B
x	x	153 Ch. 161/93	Intradistrict Attendance
x	x	155 Ch. 1011/84	Juvenile Court Notices II
x	x	157 Ch. 1117/89	Law Enforcement Agency Notification
x <sup>1</sup>	x <sup>1</sup>	265 Ch. 828/97	National Norm-Referenced Achievement Test
x	x	48 Ch. 498/83	Notification of Truancy

<sup>1</sup> These are new programs and funding is not yet available for the 2005-06 and 2006-07 fiscal years.

# **REIMBURSABLE STATE MANDATED COST PROGRAMS (continued)**

<b>2005-06 Reimburse- ment Claims</b>	<b>2006-07 Estimated Claims</b>	<b>School Districts and County Offices of Education</b>	
x	x	150Ch. 1306/89	Notification to Teachers: Pupils Subject to Suspension or Expulsion
x	N/A <sup>4</sup>	218Ch. 641/86	Open Meetings Act/Brown Act Reform
x	x	154Ch. 1284/88	Parent Classroom Visits
x	x	186Ch. 465/76	Peace Officers Procedural Bill of Rights
x	x	214Ch. 875/85	Photographic Record of Evidence
x	x	195Ch. 640/97	Physical Education Reports
x	x	173Ch. 975/95	Physical Performance Tests
x	x	151Ch. 965/77	Pupil Classroom Suspension: Counseling
x	x	165 Ch. 668/78	Pupil Exclusions
x	x	139 Ch 965/77	Pupil Health Screenings
x	x	244 Ch 100/81	Pupil Promotion and Retention
x	x	182 Ch 309/95	Pupil Residency Verification and Appeals
x	x	176 Ch 1253/75	Pupil Suspensions, Expulsions, and Expulsion Appeals
x	x	57 Ch 1107/84	Removal of Chemicals
x	x	171 Ch 1463/89	School Accountability Report Cards
x	x	258 Ch 100/81	School District Fiscal Accountability Reporting
x	x	228 Ch 1192/80	School District Reorganization
x	x	58 Ch 1347/80	Scoliosis Screening
x	x	208 Ch 828/97	Standardized Testing & Reporting
x	x	252 Ch 331/98	Teacher Incentive Program
x	x	162 Ch 1249/92	Threats Against Peace Officers

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<sup>4</sup> This program has been set aside pursuant to AB138 effective 07/19/05.

## **PROGRAMS SUSPENDED FOR THE 2006-07 FISCAL YEAR**

Pursuant to GC §17581.5, the following education state mandated programs are identified in the 2006 State Budget Act, with a \$0 appropriation. Therefore, the following state mandated programs have been suspended for the 2006-07 fiscal year, and no claim for fiscal year 2006-07 shall be filed.

Pgm. #

206	Ch. 784/95	County Treasury Oversight Committee
226	Ch. 1170/96	Grand Jury Proceedings
169	Ch. 783/95	Investment Reports
194	Ch. 126/93	Law Enforcement Sexual Harassment Training
184	Ch. 624/92	School Bus Safety I & II
190	Ch. 759/92	School Crimes Reporting II (Ch. 410, Stats. 1995)

**The following education state mandated programs have been determined to be optional, repealed, or overturned by the court:**

Pgm. #

148	Ch. 172/86	Interdistrict Attendance Permits
149	Ch. 172/86	Interdistrict Transfer Requests: Parent's Employment
156	Ch. 160/93	School District of Choice: Transfers and Appeals
199	Ch. 1138/93	Schoolsite Councils and Brown Act Reform
146	Ch. 87/86	Schoolsite Discipline Rules

**The Commission on State Mandates has set aside the Parameters and Guidelines for the following programs:**

Pgm. #

179	Ch. 778/96	American Government Course Documentation Requirements
218	Ch. 641/86	Open Meetings/Brown Act Reform ( <b>Effective 07/19/05</b> )

## **AUDIT OF COSTS**

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the Commission on State Mandate's Parameters and Guidelines (P's and G's). If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC §17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

## **SOURCE DOCUMENTS**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating: "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

## **RETENTION OF CLAIMING INSTRUCTIONS**

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the School Mandated Cost Manual to replace the old forms. The instructions should then be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the year will be placed on the SCO's Web site at [www.sco.ca.gov/ard/local/locreim/index.shtml](http://www.sco.ca.gov/ard/local/locreim/index.shtml).

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, send e-mail to [LRSDAR@sco.ca.gov](mailto:LRSDAR@sco.ca.gov), or call the Local Reimbursements Section at (916) 324-5729.

<b>Program</b> <span style="font-size: 2em; font-weight: bold;">272</span>	<b>MANDATED COSTS</b> <b>CONSOLIDATION OF ANNUAL PARENT NOTIFICATION/SCHOOLSITE DISCIPLINE</b> <b>RULES/ALTERNATIVE SCHOOLS</b> <b>FISCAL YEAR 2005-06</b>				<b>FORM</b> <span style="font-size: 3em; font-weight: bold;">1</span>
(01) Claimant			(02) Type of Claim		Fiscal Year
			Reimbursement <input type="checkbox"/>		
			Estimated <input type="checkbox"/>		20___/20___
(03) Uniform Cost Allowance					
	(a)	(b)	(c)	(d)	(e)
	Reimbursement Rate Per Page \$0.0741 for A to E	Reimbursement Rate Per Page \$0.2947 for F	Specified Number of Pages	Sets Distributed, ADE, or ADA	Total (a) or (b) x (c) x (d)
					(a) x (c) x (d)
					(b) x (c) x (d)
(04) Total Cost					
<b>Cost Reduction</b>					
(05) Less: Offsetting Savings					
(06) Less: Other Reimbursements					
(07) Total Claimed Amount					Line (04)(e) – {Line (05) + Line (06)}]

<b>Program</b> <b>272</b>	<b>CONSOLIDATION OF ANNUAL PARENT NOTIFICATION/SCHOOLSITE DISCIPLINE RULES/ALTERNATIVE SCHOOLS</b>  <b>FISCAL YEAR 2005-06</b> <b>INSTRUCTIONS</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.  
 Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27C, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the unit rate per page for reimbursement of the cost of the annual parent notification/application from the following rates: \$0.0741 for Reimbursable Activities A to E, and \$0.2947 for Reimbursable Activity F.
- (b) Enter the total specified number of pages from the table below based on the applicable district population less the number of pages that the district was not in full compliance with a given program (see below for a list of program names). For example, if a district with a population of less than 500 students is in full compliance with all of the programs except that it fails to furnish a notification relating to transfers based on parent employment, it may not claim that portion of the page count for reimbursement. The total specified number of pages claimable by the district would be calculated as follows: [Column H - Column B] or [10.75 - 2.75] = 8.

	A	B	C	D	E		F	
District Population	CSM 4453 § 48980 (h)	CSM 4461 § 48980(a)	CSM 4462 § 35291	CSM 4488 § 58501	97-TC-24 §48980 (c), (h)		99-TC-09 00-TC-12 § 48980 (e), (j), (k) § 49063 (k)	
	Ongoing	Ongoing		Ongoing	(c) Ongoing	(h) ends 10/06/05	(e),(k)	(j)
0 - 500	1	2.75	N/A	0.25	1.50	2.00	0.50	1.60
501-2,500	3	2.75	N/A	0.25	1.50	2.00	0.50	1.60
2,501-25,000	6	2.75	N/A	0.25	1.50	2.00	0.50	1.60
25,001 +	9	2.75	N/A	0.25	1.50	2.00	0.50	1.60

## Column Program Name

- A Pupil Attendance Alternatives
- B Annual Parent Notification
- C Schoolsite Discipline Rules (Not eligible: Optional, repealed, or overturned by court)
- D Alternative Schools
- E Staff Development Days/Internet Policies (Ends on 10/06/05)
- F High School Exit Exam/Advanced Placement Fees/Prospectus of Curriculum

- (c) Enter the number of sets of notifications distributed, the actual district enrollment (ADE) at the time of distribution, or the district's annual average daily attendance (ADA).
- (d) Leave blank.
- (04) Enter the product of column (a) for Reimbursable Activities A to E, or (b) for Reimbursable Activity F, times (c) times (d). Refer to **Section IV. REIMBURSABLE ACTIVITIES**, of the Parameters and Guidelines, pages 5 and 6.
- (05) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (06) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (07) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (05), and Other Reimbursements, line (06), from Total Cost, line (04)(e). Enter the remainder on this line and carry the amount forward to form FAM-27C, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 2em; font-weight: bold;">011</span>	<b>MANDATED COSTS</b> <b>COLLECTIVE BARGAINING</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <span style="font-size: 2em; font-weight: bold;">1</span>
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(01) Claimant	(02) Type of Claim <span style="float: right;">Fiscal Year</span>  Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> 20__/20__
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Rodda Act Direct Costs	Cost Elements				
(03) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel	(d) Contract Services	(e) Total
1. Determining Bargaining Units and Exclusive Representation					
2. Election of Unit Representation					
3. Cost of Negotiations					
4. Impasse Proceedings					
5. Collective Bargaining Agreement Disclosure					
6. Contract Administration					
7. Unfair Labor Practice Charges					
(04) Total Rodda Act Direct Costs					

Winton Act Direct Costs					
(05) Base Year, 1974-75 Direct Costs					
(06) Base Year Direct Costs Adjusted by IPD	[Line (05)(e) x 3.879 for 2005-06 F.Y.]				
(07) Increased Direct Costs	[Line (04)(e) – line (06)]				

Indirect Costs		
(08) Total Rodda Act Direct Costs less Contract Services	[Line (04)(e) – line (04)(d)]	
(09) Base Year Costs less Contract Services adjusted by IPD	[{Line (05)(e) - line (05)(d)} x 3.879]	
(10) Increased Direct Costs less Contract Services	[Line (08) - line (09)]	
(11) Indirect Cost Rate	[Form J-380 or J-580]	%
(12) Increased Indirect Costs	[Line (10) x line (11)]	
(13) Total Increased Direct and Indirect Costs	[Line (07) + line (12)]	

Cost Reduction		
(14) Less: Offsetting Savings		
(15) Less: Other Reimbursements		
(16) Total Claimed Amount	[Line (13) – {line (14) + line (15)}]	

<b>Program</b> <b>011</b>	<b>COLLECTIVE BARGAINING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each of the reimbursable components, enter the total allowable cost from form 2, line (05), columns (d) through (g) onto form 1, block (03), lines (1) through (7), columns (a) through (d). Total each line and enter in column (e).
- (04) Add columns (03)(d) and (e) for Cost Elements, and enter the totals on this line.
- (05) Method A. Enter the 1974-75 Winton Act (base year ) costs on line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- Method B. Enter the amount from form 1.1, line (04)(b) onto line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- (06) Method A. Multiply the base year cost on line (05)(e) by the implicit price deflator (IPD). The 2005-06 IPD is \$3.879.
- Method B. Enter the amount from form 1.1, line (04)(d).
- (07) Subtract the Base Year Direct Costs Adjusted by the IPD, line (06), from Total Rodda Act Direct Cost, line (04)(e).
- (08) Subtract Total Contract Services, line (04)(d), from Total Rodda Act Direct Costs, line (04)(e).
- (09) Subtract Base Year Contract Services, line (05)(d), from Base Year, 1974-75 Direct Costs, line (05)(e), and multiply the remainder by the IPD.
- (10) Subtract Base Year Costs less Contract Services adjusted by the IPD, line (09), from Total Rodda Act Direct Costs less Contract Services, line (08).
- (11) Enter the indirect cost rate. School districts (K-12) may compute the amount of indirect costs to claim by multiplying their total direct costs by the State Department of Education forms J-380 or J-580 rate applicable to the fiscal year of costs.
- (12) Multiply Incremental Direct Costs less Contract Services, line (10), by Indirect Cost Rate, line (11).
- (13) Enter the sum of Incremental Costs, line (07), and Incremental Indirect Costs, line (12).
- (14) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (15) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (16) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 24pt; font-weight: bold;">026</span>	<b>MANDATED COSTS</b> <b>GRADUATION REQUIREMENTS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM</b> <span style="font-size: 24pt; font-weight: bold;">2</span>
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(01) Claimant

(02) Fiscal Year Costs Were Incurred

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.☐ Acquisition Cost☐ Remodeling Cost☐ Staffing and Supplies

(04) Description of Expenses: Complete columns (a) through (g).

**Object Accounts**

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Capital Outlays
(05) Total <input type="text"/> Subtotal <input type="text"/> Page: ____ of ____						

<b>Program</b> <b>026</b>	<b>GRADUATION REQUIREMENTS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>2</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form 2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and capital outlays needed to acquire space and equipment. Contract Services are reimbursable to the extent that activities performed require special skills or knowledge that are not readily available from the claimant's staff. The maximum reimbursable fee for contract services is \$132.85 for the 2005-06 fiscal year. If a piece of equipment acquired for the Graduation Requirement program is also utilized for other programs, only a prorated cost of the equipment is reimbursable. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
<b>Benefits</b>	Title  Activities	Benefit Rate		Benefits = Benefit Rate x Salaries				
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used			
<b>Contract Services</b>	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked or Total Contract		Copy of Contract and Invoices
<b>Capital Outlays</b>	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used				Cost = Unit Cost x Quantity Used	Invoices

- (05) Total line (04), columns (d), (e), (f), (g), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each page. Enter totals from line (05), columns (d), (e), (f), and (g) to form 1, block (04), columns (a), (b), (c), (d) and (e) in the appropriate row.

<b>Program</b> <b>032</b>	<b>MANDATED COSTS</b> <b>IMMUNIZATION RECORDS</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20___/20___
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**Claim Statistics**

(03) Number of new entrants for each school in the district			
(a) Name of School	(b) Kindergarten Entrants	(c) Out-of-State Transfers	(d) Total
(04) Total New Entrants			
(05) New Entrant Reimbursement Rate			
[\$6.15 for 2005-06 actual]			
(06) Total Costs			
[Line (04)(d) x line (05)]			

**Cost Reduction**

(07) Less: Offsetting Savings, if applicable	
(08) Less: Other Reimbursements, if applicable	
(09) Total Claimed Amount	
[Line (06) – {line (07) + line (08)}]	

<b>Program</b> <b>032</b>	<b>IMMUNIZATION RECORDS</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or ate to be incurred.
- Form 1 must filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Number of new entrants for each school in the district. List in column (a) name of the school, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers. Total each row.
- (04) Total New Entrants. Add columns (b), (c) and (d).
- (05) New Entrant Reimbursement Rate. Enter the specified unit rate for the fiscal year of the claim.
- (06) Total Costs. Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.,) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>230</b>	<b>MANDATED COSTS</b> <b>IMMUNIZATION RECORDS: HEPATITIS B</b> <b>CLAIM SUMMARY</b>			<b>FORM</b> <b>1</b>
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		___/___
<b>Claim Statistics</b>				
(03) Number of new entrants for each school in the district				
(a)	(b)	(c)	(d)	
Name of School	Kindergarten Entrants	Out-of-State Transfers	Total	
(04) Total New Entrants				
(05) New Entrant Reimbursement Rate				
[See table for actual and estimated rates]				
(06) Total Cost				
[Line (04)(d) x line (05)]				
<b>Cost Reduction</b>				
(07) Less: Offsetting Savings, if applicable				
(08) Less: Other Reimbursements, if applicable				
(09) Total Claimed Amount				
[Line (06) – {line (07) + line (08)}]				

<b>Program</b> <b>230</b>	<b>IMMUNIZATION RECORDS: HEPATITIS B</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Number of new entrants for each school in the district. List in column (a) each school in the district, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers.
- (04) Add columns (b) and (c) and enter the total in column (d).
- (05) Enter the specified unit rate for the fiscal year of claim as follows:

<b>Fiscal Year</b>	<b>New Entrants</b>	<b>7<sup>th</sup> Grade</b>
2005-06	\$7.50	\$3.93
2006-07 (Est.)	\$7.77	\$4.07

- (06) Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.), which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 2em; font-weight: bold;">155</span>	<b>MANDATED COSTS</b> <b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <span style="font-size: 3em; font-weight: bold;">1</span>		
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__		
<b>Claim Statistics</b>				
(03) (a) Average daily attendance (ADA) for the fiscal year				
(b) Number of juvenile court notices received during the fiscal year				
(c) Number of written requests received for destruction inquiry during fiscal year of claim				
<b>Unit Cost Method – Reimbursable Activities A, B, and C</b>				
(04) Cost of (03)(b)	[Line (03)(b) x \$43.41]			
(05) Cost of (03)(c)	[Line (03)(c) x \$30.86]			
(06) Total Costs	[Line (04) + line (05)]			
<b>Actual Cost Method – Reimbursable Activity D</b>				
<b>Direct Costs</b>	<b>Object Accounts</b>			
(07) Reimbursable Components	(a)	(b)	(c)	(d)
	Salaries and Benefits	Materials and Supplies	Contract Services	Total
Directory of Schools				
(08) Total Direct Costs				
<b>Indirect Costs</b>				
(09) Indirect Cost Rate	[From J-380 or J-580]			%
(10) Total Indirect Costs	[Line (09) x line (08)(a)]			
(11) Total Direct and Indirect Costs	[Line (06) + line (08)(d) + line (10)]			
<b>Cost Reduction</b>				
(12) Less: Offsetting Savings				
(13) Less: Other Reimbursements				
(14) Total Claimed Amount	[Line (11) – {line (12) + line (13)}]			

<b>Program</b> <b>155</b>	<b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Average daily attendance (ADA) for the fiscal year of claim.  
 (b) Number of juvenile court notices received during the fiscal year.  
 (c) Number of written requests that were received during the fiscal year of claim regarding destruction inquiry.
- (04) Enter the product of the number of juvenile court notices received, line (03)(b), times the unit cost allowance per court notice of \$43.41 for 2005-06.
- (05) Enter the product of the number of written requests received from parents or guardians to review the records times the unit cost allowance per inquiry of \$30.86 for 2005-06.
- (06) Enter the total costs by adding lines (04) and (05).
- (07) Reimbursable Activities. For the reimbursable component, enter the totals from form 2 line (05), columns (d), (e), and (f) to form 1, block (07), columns (a), (b), and (c).
- (08) Total Direct Costs. Total columns (a) through (c).
- (09) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of the costs.
- (10) Total Indirect Costs. Enter the result of multiplying the Total Salaries and Benefits, line (08)(a) by the Indirect Cost Rate, line (09).
- (11) Total Direct and Indirect Costs. Enter the sum of Total Costs, line (06), Total Direct Costs, line (08), and Total Indirect Costs, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (12), and Other Reimbursements, line (13), from Total Direct and Indirect Costs, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<div> <div>Program</div> <div>048</div> </div>		<div> <div>MANDATED COSTS</div> <div>NOTIFICATION OF TRUANCY</div> <div>CLAIM SUMMARY</div> </div>		<div> <div>FORM</div> <div>1</div> </div>	
(01) Claimant			(02) Type of Claim <div> <div>Reimbursement</div> <div>Estimated</div> </div> <input type="checkbox"/> <input type="checkbox"/>		Fiscal Year 20____/20____
Claim Statistics					
(03) Number of truant notifications					
Cost					
(04) Unit Cost per an initial truancy notification				[\$15.54 for the 2005-06 fiscal year]	
(05) Total Costs				[Line (03) x line (04)]	
Cost Reduction					
(06) Less: Offsetting Savings					
(07) Less: Other Reimbursements					
(08) Total Claimed Amount				[Line (05) – {(line (06) + line (07))}]	

<b>Program</b> <b>048</b>	<b>NOTIFICATION OF TRUANCY</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Number of truant notifications. Enter the number of initial notifications sent upon the student's fourth unexcused absence to inform the parent or guardian of their child's absence from school without a valid excuse or is tardy in excess of thirty (30) minutes for more than three days in one school year.
- (04) Unit cost rate for the 2005-06 fiscal year is \$15.54 per initial notification. This cost rate will be updated early and listed in the annual updates to claiming instructions mailed to school districts in September.
- (05) Total Costs. Multiply line (03) by the unit cost rate, line (04).
- (06) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.), which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>165</b>	<b>MANDATED COSTS</b> <b>PUPIL EXCLUSIONS (AMENDED)</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>2.1</b>
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(01) Claimant	(02) Fiscal Year
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(03) Leave blank.

(04) Calculation of Exclusion Notice Costs

(a)	(b)	(c)	(d)
Unit Rate Per Page	Number of Pages in the Standard Text	Number of Pupils Excluded Per H & S Code § 120230 or Education Code 49451	Total Cost (a) x (b) x (c)

### Instructions

(01) Enter the name of the claimant.

(02) Enter the fiscal year of the costs incurred.

(03) Leave blank.

(04) Calculation of exclusion notice costs:

- (a) Enter the unit rate per page for reimbursement of cost of the pupil exclusion notice from the rates listed below.

Fiscal Years	Unit Rate Per Page
2005-06	\$0.22
2006-07	\$0.20

- (c) Enter the number of pupils that were excluded per Health and Safety Code Section 120230 or Education Code 49451.

- (d) Enter the result of multiplying column (a) by the product of column (b) and column (c). Carry this total forward to line (08) of form 1.

<b>Program</b>  <div style="background-color: yellow; padding: 5px; font-size: 24pt; font-weight: bold;">058</div>	<b>MANDATED COSTS</b> <b>SCOLIOSIS SCREENING</b> <b>CLAIM SUMMARY</b>	<b>FORM</b>  <div style="font-size: 36pt; font-weight: bold;">1</div>		
(01) Claimant	(02) Type of Claim <span style="float: right;">Fiscal Year</span> Reimbursement <input style="width: 50px;" type="text"/> Estimated <input style="width: 50px;" type="text"/> 20__/20__			
<b>Claim Statistics</b>				
(03) (a) Number of students screened				
(b) Number of students rescreened				
(c) Number of students referred to medical care				
<b>Unit Cost Method</b>				
(04) Total Costs	[Line (03)(a) x \$7.37 per student for 2005-06 F.Y.]			
<b>Actual Cost Method</b>				
<b>Direct Costs</b>	<b>Object Accounts</b>			
(05) Reimbursable Components	(a)	(b)	(c)	(d)
	Salaries and Benefits	Materials and Supplies	Contract Services	Total
1. Parental Notification				
2. Examination of Students				
3. Rescreening and Referral				
4. Administration of Program				
(06) Total Direct Costs				
<b>Indirect Costs</b>				
(07) Indirect Cost Rate	[From J-380 or J-580]			%
(08) Total Indirect Costs	[Line (06)(a) x line (07)]			
(09) Total Direct and Indirect Costs	[Line (06)(d) + line (08)]			
<b>Cost Reduction</b>				
(10) Less: Offsetting Savings				
(11) Less: Other Reimbursements				
(12) Total Claimed Amount	[Line (04) or line (09) – {line (10) + line (11)}]			

<b>Program</b> <b>058</b>	<b>SCOLIOSIS SCREENING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- From 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Number of students screened. Enter the number of students, seventh grade females and eighth grade males.
- (b) Number of students rescreened. Enter the number of students who are questionable after the first screening and are screened again at a later date by someone other than the original screener. Only claimants who select the Actual Cost Method of reimbursement must provide data on the number of students rescreened.
- (c) Number of students referred to medical care. Enter the number of students who have positive indication of scoliosis and are referred to medical care. Only the claimants who select the Actual Cost Method of reimbursement must provide data on the number of students referred to medical care.
- (04) Total Costs. If you are using the Unit Cost Method, multiply line (03)(a) by the rate of the reimbursable unit cost per student for the 2005-06 fiscal year. Do not complete line (05) through (09). Proceed directly to line (10) and complete through line (12).
- (05) Reimbursable Components. If you are using the Actual Cost Method, enter the cost related to each reimbursable component from form 2, line (05), columns (d), (e), and (f). Total each row.
- Do not complete line (04) if you are using the Actual Cost Method of reimbursement.
- (06) Total Direct Costs. Total block (05), columns (a), (b), (c), and (d).
- (07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of claim.
- (08) Indirect Costs. Enter the result of multiplying Total Direct Costs, line (06)(a), by the Indirect Cost Rate, line (07).
- (09) Total Costs. Enter the sum of line (06)(d) and line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.), which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.
- (12) Total Claimed Amount. If the Unit Cost Method is used, subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Total Costs, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 2em;"><b>250</b></span>	<b>MANDATED COSTS</b> <b>AIDS PREVENTION INSTRUCTION II</b> <b>FISCAL YEARS 2005-06 AND SUBSEQUENT YEARS</b> <b>CLAIMSUMMARY</b>			<b>FORM</b> <span style="font-size: 2em;"><b>1B</b></span>
(01) Claimant		(02) Type of Claim      Fiscal Year  Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> ____ / ____		
<b>Claim Statistics</b>				
(03) Leave blank.				
<b>Direct Costs</b>		<b>Object Accounts</b>		
(04) Reimbursable Activities		(a)  Number of Notices	(b)  Number of Notices	(c)  Total (a) x (b)
<b>B. Notification</b>				
1.	<b>Annual Parent Notification</b>			
a.	Written Notices to Parents or Guardians of AIDS Instruction		\$0.0743	
2.	<b>Parent Notification of Guest Speaker and/or Assembly on API</b>			
a.	Written Notification to Parents or Guardians of AIDS Instructions Activities		\$0.0743	
b.	Notification of Beginning of School Year of Instruction Schedule		\$0.0743	
(05) Total Costs				
(06) Total from 1A				
(07) Total Direct and Indirect Costs		(1A + 1B)		
<b>Cost Reduction</b>				
(08) Less: Offsetting Savings				
(09) Less: Other Reimbursements				
(10) Total Claimed Amount		[Line (08) - {line (09) + line (10)}]		

<b>Program</b> <b>250</b>	<b>AIDS PREVENTION INSTRUCTION II</b> <b>FISCAL YEARS 2005-06 AND SUBSEQUENT YEARS</b> <b>CLAIM SUMMARY</b> <b>INSTRUCTIONS</b>	<b>FORM</b> <b>1B</b>
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- (01) Enter the name of the claimant.
- (02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1B must be filed for a reimbursement claim. Do not complete form 1B if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1B must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Leave blank.
- (04) For each reimbursable activity, enter the number of notices in column (a). The unit cost allowance for 2005-06 is \$0.0743. This will be adjusted each subsequent year by the Implicit Price Deflator. Enter the product of column (a) times column (b) in column (c).
- (05) Total column (c).
- (06) Enter the total from form 1A, line (11).
- (07) Enter the sum of line (05) plus line (06).
- (08) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (09) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, (e.g. Instructional Materials Fund) that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (10) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>261</b>	<b>MANDATED COSTS</b> <b>PUPIL HEALTH SCREENINGS</b> <b>CLAIM SUMMARY</b>			<b>FORM</b> <b>PHS-1</b>
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		___/___
<b>Claim Statistics</b>				
(03) (a) Number of notifications issued				
(b) Number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers				
(c) Number of first-grade pupils excluded from school				
(d) Number of first-time enrolled kindergarten and first grade pupils (Reimbursement period ends December 31, 2004)				
<b>Costs</b>				
(04) Reimbursable Components:		Numbers (See (03))	Uniform Cost Allowance (See Table)	Total (II) x (III)
(I)		(II)	(III)	(IV)
(a) Notification to Parents				
(b) Obtaining Parental Compliance				
(c) Exclusion of Pupils				
(d) Statistical Reporting				
(05) Total Costs				
<b>Cost Reduction</b>				
(06) Less: Offsetting Savings, if applicable				
(07) Less: Other Reimbursements, if applicable				
(08) Total Claimed Amount				[Line (05) – {line (06) + line (07)}]

<b>Program</b> <b>261</b>	<b>PUPIL HEALTH SCREENINGS</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>PHS-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form PHS-1 must be filed for a reimbursement claim. Do not complete form PHS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form PHS-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Enter the numbers to line (a) the number of notifications issued, line (b) the number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers, line (c) the number of first-grade pupils excluded from school, and line (d) the number of first-time enrolled kindergarten and first grade pupils (Reimbursement period ends December 31, 2004).
- (04) Enter the numbers from line (03) to each corresponding letter to column (04)(II). Also, enter the uniform cost allowance to line (04) column (III) from the table below.

Reimbursable Components	Uniform Cost Allowance
	2005-06 Fiscal Year
(a) Notification to Parents	\$ 0.0724
(b) Obtaining Parental Compliance	\$ 4.7304
(c) Exclusion of Pupils	\$12.44
(d) Statistical Reporting <sup>1</sup>	N/A

Multiply lines (a) to (d) from column (II) (Numbers) by column (III) (Uniform Cost Allowance)

- (05) Add and enter the total to column (IV).
- (06) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Cost, line (05) column (IV). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<sup>1</sup> Reimbursement period ends 12/31/04

<b>Program</b> <b>218</b>	<b>MANDATED COSTS</b> <b>OPEN MEETINGS ACT/BROWN ACT REFORM II (SCHOOL DISTRICTS)</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>			<b>FORM</b> <b>BAR-2F</b>
(01) Claimant		(02) Fiscal Year		
(03) <b>Flat-Rate Reimbursement Option:</b> Complete columns (a) through (d).				
(a)  Meeting Type or Name	(b) Uniform Cost Allowance \$135.66 for 05-06 Period 07/01/05 to 07/18/05	(c)  Number of Agendas	(d)  Total (b) x (c)	
(04) Total <input type="text"/> Subtotal <input type="text"/> Page: ____ of ____				

<b>Program</b> <b>218</b>	<b>OPEN MEETINGS ACT/BROWN ACT REFORM II (SCHOOL DISTRICTS)</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>BAR-2F</b>
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**Complete form BAR-2F when calculating agenda costs using the Flat-Rate Option.**

**Please note that all meetings of the same type or name in a given fiscal year may be claimed using only one basis.**

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year in which costs were incurred.
- (03) Flat-Rate Reimbursement Option.
- (a) Meeting Type or Name. Enter the type or name of the meeting. Only one entry per meeting type or name is needed.
- (b) Uniform Cost Allowance. Enter the uniform cost allowance for the period July 1 to July 18, 2005.

**Fiscal Year**

2005-06 f/

**Uniform Cost Allowance**

\$135.66

From July 1 to July 18, 2005

f/ May Revision Forecast, August 2006

Source: US Department of Commerce, Bureau of Economic Analysis

- (c) Number of Agendas. Enter the number of agendas that were prepared for each meeting type or name listed in column (a).
- (d) Total. Multiply the Uniform Cost Allowance, column (b), by the Number of Agendas, column (c).

For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office upon request.

- (04) Total line (03), column (d), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Carry forward the totals from line (04), column (d) to form BAR-1, line (09).